

SUPPLY

Complete this section if the tank involved was a SUPPLY TANK.

(The tank was connected directly to an appliance for final use, e.g., furnace, boiler, generator.)

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is tank 5 feet or more from the appliance?
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<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is the tank inside a building?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If the tank is inside a building, do the Fill and Vent pipes terminate outside the building?

Orientation of Tank:	
<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal

Base for Tank:	Support Structure for Tank:
<input type="checkbox"/> Concrete Floor	<input type="checkbox"/> Metal Legs
<input type="checkbox"/> Concrete Pad	<input type="checkbox"/> Metal Cradle
<input type="checkbox"/> Concrete Blocks	<input type="checkbox"/> Metal Crib
<input type="checkbox"/> Wood Blocks	<input type="checkbox"/> Metal Stand
<input type="checkbox"/> Dirt/Gravel	<input type="checkbox"/> Wood Cradle
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Wood Crib
	<input type="checkbox"/> Wood Stand
	<input type="checkbox"/> Other (specify):

Height from base for tank to bottom of tank:
<input type="checkbox"/> 12 inches or less
<input type="checkbox"/> More than 12 inches (if this box is checked, answer the following question:)
<input type="checkbox"/> YES <input type="checkbox"/> NO Is the support structure protected from exposure to fire? (if "YES", explain)

Describe how the tank was protected from physical damage (being struck by vehicles, falling objects, etc.):

Describe routine inspection and maintenance of the tank:
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<input type="checkbox"/> YES <input type="checkbox"/> NO Was there a Spill Control and Countermeasures Plan (SPCC) prepared by a professional engineer for the facility if required, (over 1320 gallons capacity)?
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STORAGE

Complete this section if the tank was used as a STORAGE TANK.

(The tank stored product to be dispensed into a container through a spigot, pump, pipeline, etc. for another use (e.g., vehicle fuel, portable heater fuel, delivery to supply tanks).

Fire Marshal's Office Permit for Aboveground Storage: (Attach a copy of the permit)	
Permit Number:	Date Issued:
Permit Issued To:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Was there a Spill Prevention Control and Countermeasures Plan (SPCC) prepared by a Professional Engineer for the facility? (If "YES", submit a copy with this application.)